Statement of Organization - Candidate Committee

Is,	this	statement:
Ø	New	Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year. 1. Committee Information a. Name of Committee Comiffee 12/20 /2019 c. Committee Website (Optional) 678-458-7085 2. Candidate Information a. Full Name e. Party Affiliation HOMA o. Mailing Address (include City, State, and Zip Code) above . Phone Number d. Email Address g. Next Election Year 639-458-3045 welly longs of 2020 El Email copy of report notices 3. Treasurer Information Assistant Treasurer Information Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State and Zip Code) Lewiville WC d. Email Address c. Phone Number . Phone Number d. Email Address 136-462-0549 Send report notices by email Yes No Email copy of report notices 5. Custodian of Books Information (Keeper of Records) 6. Account Information a. Full Name a. Financial Institution Full Name Mailing Address (include City, State, and Zip Code) c. Phone Number d. Email Address b. Account Code c. Type Email copy of report notices I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct. WILLIAM MCGUAT Printed Name of Treasurer Signature of Appointed Treasurer

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

WESLEY | DWGSWDR F
Printed Name of Candidate

M Wely hugh

30/06/2019

CRO-2100A

NC State Board of Elections

November 2019



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

FILED BY:

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

Committee Name:	Compter to elect WESLEY LOWOSDA
Treasurer Name:	Villiam Mc Garre
Treasurer Address:	197 Spratu Drive
(include city, state, & zip)	LewisvIlle, NC 27023
Treasurer Phone:	336-462-0549
election cycle under the pruntil the end of the election expenditures during this elections and file require	mittee intends to neither receive nor expend more than \$1,000 during the current ocedures set forth in G.S. 163-278.10A. This certification will remain in effect a cycle for this committee. If this committee exceeds \$1,000 in contributions or ection cycle, I understand that I must immediately notify the appropriate boarded campaign finance reports. AN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
to file the next scheduled	Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously g of the current election cycle. I further agree to file all future reports required.
30 Dec 1019	M Volume Light

Date Signed



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed. Candidate Name: Committee Name: Committee Name: If Candidate is own treasurer, designate an agent to carry out designations: Committee ID #: Level Registered: [State] [County] If county, specify: I, Walker Long Mark , hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a). Name of Entity (Select from \$163-278.16B(a)) Plan for Disbursement (eg. Amount or %) Signature of Candidate: Date: Candidate Designation of Committee Funds July 2014			
Committee Name: Committee Committee	This Designation is filed	· · · · · · · · · · · · · · · · · · ·	ed.
If Candidate is own treasurer, designate an agent to carry out designations: Committee ID #: Level Registered: [State] [County] If county, specify: I, Washer Lowe More L., hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a). Name of Entity (Select from \$163-278.16B(a)) Plan for Disbursement (eg. Amount or %) Plan for Disbursement (eg. Amount or %) Signature of Candidate: Date: 2	Candidate Name:	WESLEY LONGSPORF	
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Committee ID #: Level Registered: [State] [County] If county, specify: I, Wall Down A., hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a). Name of Entity (Select from \$163-278.16B(a)) Plan for Disbursement (eg. Amount or %) Signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records. Signature of Candidate: Date:	Treasurer Name:	William Mc Gupre	
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	Gen. Statute 163-278. records. Signature of Candidat	16B(a). A copy of this form should be maintained with the Committee	1 1
		Candidate Designation of Committee Funds July 2014	